

SCHOOL FEE PAYMENT AGREEMENT FORM 2022



PLEASE COMPLETE AND SEND BACK TO THE SCHOOL

(To be completed by all families)

FAMILY NAME:.....

EMAIL:.....TEL:.....

CHILDRENS' NAMES CLASS

AND YEAR LEVELS IN 2022: CLASS

..... CLASS

Please indicate your preferred payment option:

Option	Other, eg Qkr/ Bpay/Cash	Direct Debit Bank Account	Direct Debit Credit Card	Direct Debit Centrelink	AS PER 2021***
Annually					
20 fortnightly					
8 x monthly					
3 x payments					

For Parents commencing new payment plans, please complete the appropriate direct debit form attached - Hard copy must be sent back to office (do not email)

***For existing Families, your current Payment Plan 2021 will stay the same and rollover into 2022. Please complete Direct Debit forms should your bank or credit details have changed.

Families wishing alternate options to above eg. Weekly via direct debit - please contact Mrs Helen Crosato - arrangements needs to be in place by end of **Week 2, Term 1 2022**.

I/We understand that the school bases its budget on my commitments and accept responsibility for the payment of school fees for 2022 for my /our child's education.

**2022 STATEMENTS WILL BE POSTED HOME AFTER END OF WEEK 2, 2022
WITH CONFIRMATION OF PAYMENT PLAN.**

SignaturesDate.....

Print Name
Parent/Guardian 1 Parent/Guardian 2

Any queries regarding School Fees please contact Mrs Helen Crosato, Finance Officer

hcrosato@stjopayn.catholic.edu.au or Tel: 8206 5103



Direct Debit Request Service Agreement

Definitions

account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

agreement means this Direct Debit Request Service Agreement between you and us.

business day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by you to us is due.

debit payment means a particular transaction where a debit is made.

direct debit request means the Direct Debit Request between us and you (and includes any Form PD-C approved for use in the transitional period).

transitional period means the period commencing on the industry implementation date for Direct Debit Requests (currently 31 March 2000) and concluding 12 calendar months from that date.

us or we means Diocesan Presbytery Fund

you have authorised by signing a direct debit request.

you means the customer who signed the direct debit request.

your financial institution is the financial institution where you hold the account that you have authorised us to arrange to debit.

1. Debiting your account

- 1.1 By signing a direct debit request, you have authorised us to arrange for funds to be debited from your account. You should refer to the direct debit request and this agreement for the terms of the arrangement between us and you.
- 1.2 We will only arrange for funds to be debited from your account as authorised in the direct debit request.
- 1.3 If the debit day falls on a day that is not a business day, we may direct your financial institution to debit your account on the previous business day.
If you are unsure about which day your account has or will be debited you should ask your financial institution.

2. Changes by us

- 2.1 We may vary any details of this agreement or a direct debit request at any time by giving you at least fourteen (14) days' written notice.

3. Changes by you

- 3.1 Subject to 3.2 and 3.3, you may change the arrangements under a direct debit request by contacting us on (08) 8210 8156
- 3.2 If you wish to stop or defer a debit payment you must notify us in writing at least 28 days before the next debit day. This notice should be given to us in the first instance.
- 3.3 You may also cancel your authority for us to debit your account at any time by giving us 7 days notice in writing before the next debit day. This notice should be given to us in the first instance.

4. Your obligations

- 4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the direct debit request.
- 4.2 If there are insufficient clear funds in your account to meet a debit payment:
 - (a) you may be charged a fee and/or interest by your financial institution;
 - (b) you may also incur fees or charges imposed or incurred by us; and
 - (c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.
- 4.3 You should check your account statement to verify that the amounts debited from your account are correct
- 4.4 If National Australia Bank Limited A.C.N. 004 044 937 ("National") is liable to pay goods and services tax ("GST") on a supply made by the National in connection with this agreement, then you agree to pay the National on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.



Request and Authority to debit credit card account

Name _____

Address

Email:

I, request and authorize (name of school/college) to debit my credit card account as detailed below to pay my (child's school fees). This authority
remains in force until such time that I provide written instruction to amend or cancel this authority.

Insert details of credit card account to be debited

Name of cardholder

Type of credit card Mastercard / VISA

Account number

Expiry Date:

Debit Frequency

☐ The first debt may be made on ____/____/____ and at weekly / fortnightly / monthly / quarterly / half yearly / yearly intervals after that.

Debit Amount

☐ The amount to be debited each time is \$ 1 0 0 0.

Debit End Date

☐ The debts are to continue: until further notice OR until / /

Please Tick

☐ I have received and read a copy of the Direct Debit Service Agreement

Signature

(If signing for a company, sign and print full name and capacity for signing on, director)

Date _____

 / Telephone No:

FOR OFFICE USE ONLY:

New Agreement / Amendment of Existing Authority

Family Code: _____

Date Received:

Date Actioned:

Staff member (actioned by): _____

Note:

This form is NOT to be emailed.

Original copy with signatures must be forwarded to School Office.



you're in good hands

DIRECT DEBIT REQUEST



Request and Authority to debit the account named below to pay Catholic Church Endowment Society Inc

Request and Authority to debit	Surname or company name _____ Given names or ACN/ABN _____ ('you') <small>request and authorise Catholic Church Endowment Society Inc Debit User ID 113325 to arrange for any amount Catholic Church Endowment Society Inc may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement (and any further instructions provided below)</small>
Insert the name and address of financial institution at which account is held	Financial Institution name _____ Address _____
Insert details of account to be debited	Name of account (holder) _____ BSB number - Account number
Acknowledgment	By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Catholic Church Endowment Society Inc as set out in this Request and in your Direct Debit Request Service Agreement.
Payment Details	<input type="checkbox"/> The first debit may be made on ____/____/____ and at weekly / fortnightly / monthly / quarterly / half yearly / intervals after that <input type="checkbox"/> Payment Amount is to be \$ _____ and/or as amended in accordance with written instructions provided by you. <input type="checkbox"/> This authority will remain in place until: ____/____/____ (or) : Written request to cancel/suspend payments is provided by you. (please delete one of these options)
Please Tick	<input type="checkbox"/> I have received and read a copy of the Direct Debit Service Agreement Signature _____ <small>(If signing for a company, sign and print full name and capacity for signing eg. director)</small> Address _____ _____ Date ____/____/____ Telephone No: _____

FOR OFFICE USE ONLY:

New Agreement / Amendment of Existing Authority No. _____

School Name **ST JOSEPH'S SCHOOL, PAYNEHAM**

Contact Person: **HELEN CROSATO** Family Code: _____

Date Actioned: _____

Note:

This form is NOT to be emailed.

Original copy with signatures must be forwarded to School Office.